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June 17, 2013

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *JEF*
Director and Health Officer

SUBJECT: **REPORT FROM THE CITY OF LOS ANGELES OFFICE OF THE CITY
ADMINISTRATIVE OFFICER REGARDING THE CITY OF LOS ANGELES
PUBLIC HEALTH PROTECTION ACT**

Enclosed is the report from the City of Los Angeles Office of the City Administrative Officer (CAO) pertaining to the proposed City ballot measure entitled, "City of Los Angeles Public Health Protection Act."

At the City Council meeting on May 28, 2013, the City Council requested that the CAO prepare a report on the cost, timeline, and funding necessary to implement the provisions in the ballot measure which, if passed, would require the City to develop a City Public Health Department. The CAO released the report on June 13, 2013.

The report provides the CAO's preliminary analysis of annual operating costs for a City Public Health Department, which are estimated to be \$333 million. This figure is based on assuming that the City Department provides the full range of services the Department of Public Health (DPH) currently provides and is based on 40% of DPH's current budget. The cost estimate does not include start-up costs, the costs incurred by other City departments to provide services to the new Department, and the election-related costs due to placing the initiative on the ballot. The CAO's analysis differs from DPH's preliminary estimate for operating costs of a minimum of \$50 million. DPH's calculation was based on a percentage of DPH's annual net County costs rather than on DPH's overall budget.

On June 19, 2013, the CAO will present this report to the City Council. Additionally, as indicated on the Council meeting agenda, the Council may recess to closed session to confer with legal counsel in order to discuss whether to initiate litigation relative to the ballot initiative.

If you have any questions or would like additional information, please contact me.

JEF:jb

Attachment

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

REPORT FROM

OFFICE OF THE CITY ADMINISTRATIVE OFFICER

Date: June 13, 2013

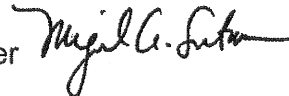
CAO File No. 0220-04816-0000

Council File No. 13-0600; 13-0613

Council District: All

To: City Council

From: Miguel A. Santana, City Administrative Officer



Reference: Motion (Wesson-Reyes)

Subject: **COSTS, TIMELINE, AND FUNDING NECESSARY TO CREATE A CITY PUBLIC HEALTH DEPARTMENT**

SUMMARY

During consideration of the Mayor's 2013-14 Proposed Budget, the Council adopted a Motion (Wesson-Reyes) instructing the City Administrative Officer to report by June 19, 2013 on the cost, timeline, and funding necessary to implement a City Public Health Department, pursuant to a proposed ballot measure titled City of Los Angeles Public Health Protection Act (Initiative). The proposed measure would reinstate a City Public Health Department that exclusively provides public health services within the City, to be fully fee-supported. Public health services in the City are currently provided by the County of Los Angeles' (County) Department of Public Health (DPH). The City merged its Public Health Department with the County in 1964.

Other pertinent elements of the Initiative include requiring that 1) Department be established within 120 days after the ordinance is enacted and 2) the City be the only governmental entity able to enforce the public health laws of the City and/or the County of Los Angeles within the City of Los Angeles. The Initiative explicitly prohibits the City from contracting with the County of Los Angeles for the enforcement of public health laws.

Public health is a multidisciplinary field concerned with protecting and improving the health of an entire population, such as all residents within a city or county, instead of solely treating particular individuals as in many clinical professions. Given the scope and the purpose of public health work, it is imperative to communicate and coordinate across a large regional area.

The population of the County is approximately 9.96 million, based on the 2012 United States Census Bureau estimate. The City's population is approximately 3.86 million, which represents about 40 percent of the County population. The DPH 2012-13 Budget is \$832 million, of which \$651 million (78 percent) is derived from direct revenues including various fees (\$100 million) and grants (\$551 million), and \$181 million (22 percent) provided by the County's General Fund. According to the County, many of these funding streams drive mandated work with a relatively small amount of flexible funding available for discretionary activities. Further, fee revenue is

limited purpose funding, restricted to specific services.

The full cost of operating an equivalent operation within the City cannot be determined at this time as a more comprehensive review is necessary. Nonetheless, assuming that the City would be obligated to perform every service currently provided by DPH, and 40 percent of the County's health services and DPH budget are expended in the City, City annual operating costs could start at \$333 million. Further, based on this scenario, the County has initially estimated that only \$72 million in direct fee revenue and grant funding currently received by the County could be initially available to the City for a Public Health Department, which could result in a City General Fund impact of up to \$261 million. It should be noted that the County has indicated that the \$333 million estimate includes some services that only the County can provide in compliance with State law, which could reduce the City's operational costs but could also potentially limit public health services available in the City since the Initiative explicitly prohibits the City from contracting with the County of Los Angeles for the enforcement of public health laws.

The \$333 million estimate is a starting baseline for annual operational costs only. It does not include start-up costs, such as the acquisition of laboratory and office space, capital equipment, and information technology needs that would be required, nor does it include the costs incurred by other City departments, such as the Department of General Services (GSD), Information Technology Agency (ITA), Personnel Department and the Office of the Controller, which would be required to provide additional services to the new Department. It is not possible to quantify start-up costs at this time due to many unknowns.

Additionally, the \$333 million estimate does not include the costs to the City should this Initiative be placed on the ballot, estimated by the City Clerk to be \$4.6 million, as well as potential Health Insurance Portability and Accountability Act (HIPAA) data security costs and training costs for all staff in order to be HIPAA compliant. Looking at the County's liability experience, the City can also expect to incur legal liability and risk costs unknown at this time (e.g., medical malpractice and workers compensation). Consequently, it is clear that the \$333 million estimate represents the lowest amount likely to be needed annually for a Los Angeles City Public Health Department, and the estimated General Fund amount of \$261 million is likely to be the minimum amount of General Fund money required annually to subsidize the Department's operations.

Because fees can only recover the costs associated with the provision of the specific service being provided and could not supplement any other public health services, such revenue would be limited. Further, given the City's current fiscal situation, the projected \$261 million annual General Fund impact associated with the ongoing expenditures of such a Department would likely require the City to either 1) submit an initiative to the voters of the City to increase taxes to fund the Department, 2) greatly reduce the scope of public health services currently provided by the County, and/or 3) reduce other General Fund services, such as police hiring, fire service restoration, and street resurfacing. It should also be noted the City is currently projecting a 2014-15 General Fund deficit of \$153.4 million, with declining deficits in the following two years. This Initiative will increase the overall shortfalls the City has to address.

Establishing a City Public Health Department could take a minimum of one year and potentially up to two years. As discussed in this report, the implementation process requires a particularly

extensive and unprecedented plan to hire employees and acquire necessary property for programs, services, and facilities, including the potential eventual construction of a laboratory. Hiring the necessary personnel and providing operational and laboratory space, would have the most significant impact on the timeline associated with establishing a new Department.

The following are also significant issues for consideration:

- It is a largely uncommon experience for any public health jurisdiction in the U.S. to fully cover its operating costs through fees, and given the City's baseline cost estimates identified in this report, it is not feasible to fund the proposed Department entirely through fees. The County currently recovers only 12 percent of operational costs through fees.
- There are severe limitations to accessing supplemental sources of revenue, particularly grants and other streams that are currently specified for the County.
- A newly established Public Health Department in the City will not be equipped to adequately serve all the public health needs for the City's entire population given its vast and specialized responsibilities coupled with the necessary financial resources to fully prepare for implementation.
- All residents within a public health jurisdiction rely on their department of public health for protection from a wide variety of threats, from bioterrorism to tainted foods to many other hazards that could lead to crises in the region. Public health emergencies are not constrained by City boundaries, and require regional coordination and cooperation. The slightest failure in enforcing all existing codes related to public health without the ability to contract with the County DPH would unnecessarily put the residents of Los Angeles and surrounding communities at risk, and is likely given the many administrative restrictions.
- The Initiative's prohibition on contracting with the County could also create a number of operational and potential public health challenges both in terms of addressing public health needs in an effective, efficient, and coordinated manner, and in a potentially wasteful duplication of capabilities and public resources.

Delivery of public health services is not an "off the shelf" service that can be rushed arbitrarily. The breadth and scope of services needed and the design of a system to deliver them requires careful and detailed planning and consideration by a multitude of experts.

RECOMMENDATION

That the Council note and file this report.

FISCAL IMPACT

Adoption of the proposed City of Los Angeles Public Health Protection Act is expected to have a significant fiscal impact on the City. At minimum, the City will incur a \$4.6 million cost, as estimated by the City Clerk, to place this Initiative on the June 2014 ballot. If the Initiative is approved, the creation of a new City Public Health Department is preliminarily expected to result in a significant unknown obligation for start-up costs and ongoing costs of \$333 million per year, at a minimum. In the first year of the Department's operation, it is unlikely the City would receive more than \$72 million in fee and grant revenue. Therefore, the potential \$261 million General Fund impact associated with the operation of the Department would likely result in increased fees and/or taxes, public health service reductions, and/or significant reductions in other City services. It should also be noted the City is currently projecting a 2014-15 General Fund deficit of \$153.4 million, with declining deficits in the following two years. This Initiative will increase the overall shortfalls the City has to address.

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Attachments

- 1 – Cities and Communities of Los Angeles County by Services Planning Area (SPA)
- 2 – Los Angeles County Department of Public Health brochure
- 3 – Services Provided by LA County Department of Public Health
- 4 – Typical County Staffing Reconfiguration/Replica for a Public Health Center

FINDINGS

1. Basis for Report

During consideration of the Mayor's Proposed Budget, the City Council adopted a Motion (Wesson-Reyes) instructing the City Administrative Officer to report by June 19, 2013 on the cost, timeline, and funding necessary to implement a City Public Health Department, pursuant to the proposed ballot measure titled "City of Los Angeles Public Health Protection Act" (C.F. 13-0600).

2. Background

The City of Los Angeles operated a Public Health Department until 1964. At that time, the City merged the Public Health function with, and transferred physical assets to, the County. The transfer occurred after 18 months of intensive effort by administrative and public health officials from both jurisdictions. The City and County executed a contract that, in accordance with State law, resulted in the City's adoption of the County Health Code, authority for the County to enforce the Public Health Code in the City limits, and allows the County to establish fees to pay for services in the City limits. The City does not pay fees directly to the County for public health services. The City and County took this action both to avoid duplication of services and costs and in recognition of the need for public health services to be provided on a broad, regional basis.

On March 7, 2013, the Office of the City Clerk approved a petition for circulation and collection of signatures for "Creation of a City of Los Angeles Public Health Department Initiative Ordinance." The purpose of the measure is to re-establish a City Public Health Department (Department) that is responsible for promoting and protecting the public health, as well as enforcing public health laws within the City.

As proposed, this measure would require the following:

- The City to establish its own, independent Public Health Department to administer and enforce public health laws in the City of Los Angeles;
- All costs for the establishment of the Department to be derived from current fees collected and paid to Los Angeles County as a result of its activities to enforce public health laws in the City;
- Future Department revenue to be generated from the collection of all fees, including license, permit and/or certification fees generated by the enforcement of the Public Health Code;
- The Department to be established within 120 days after the ordinance is enacted; and
- The City of Los Angeles to be the only governmental entity able to enforce the public health laws of the City and/or the County of Los Angeles within the City of Los Angeles. The Initiative explicitly prohibits the City from contracting with the County of Los Angeles for the enforcement of public health laws.

Furthermore, the Initiative requires that the remaining portions of the ordinance be valid if any portion of the ordinance is held to be unconstitutional, invalid, or unenforceable. If there are competing measures on the same ballot, the measure with the greatest number of affirmative votes prevails in its entirety. Finally, it states that this measure can be repealed only by an ordinance adopted by either petition or by the Council at its own instance and adopted by a vote of the electors, or by an amendment of the Charter superseding the Initiative's provisions.

On May 28, 2013, the City Council adopted a resolution opposing this Initiative (C.F. 12-0613).

The City Clerk announced on June 4, 2013 that the number of verified signatures on the petition for this proposed measure had "achieved sufficiency." In accordance with Charter Section 452, the City Council is required to act within 20 days after the presentation of the Initiative petition by the Clerk. As this document was transmitted by the Clerk to the Council on June 12, 2013 (C.F. 13-0613), the City Council has until July 2, 2013 to act.

3. Public Health Services

Generally, public health departments work to provide at minimum the 10 essential public health services, as defined through the National Public Health Performance Standards Program (under the umbrella of the Centers for Disease Control). This list is intended to provide a broad service-delivery framework for all state and local public health agencies. The 10 essential public health services are as follows: (1) Monitor health status to identify and solve community health problems, (2) Diagnose and investigate health problems and health hazards in the community, (3) Inform, educate and empower people about health issues, (4) Mobilize community partnerships and action to identify and solve health problems, (5) Develop policies and plans that support individual and community health efforts, (6) Enforce laws and regulations that protect health and ensure safety, (7) Link people to needed personal health services and assure the provision of health care when otherwise unavailable, (8) Assure a competent public and personal health care workforce, (9) Evaluate effectiveness, accessibility, and quality of personal and population-based health services and, (10) Research for new insights and innovative solutions to health problems.

Actual, specific public health service mandates, such as those provided in the California Health and Safety Code and various regulations, are lengthier and more detailed. The following chart outlines the minimum regulatory standards for a local health department:

Health & Safety Code, §101185 MANDATED SERVICES	
1)	Collection, tabulation and analysis of all public health statistics, including population data, natality, and mortality and morbidity records (this includes the issuance and record keeping of birth and death certificates)
2)	Health education programs
3)	Communicable disease control, including availability of adequate isolation facilities, the control of the acute communicable diseases, and the control of tuberculosis and the venereal

diseases, based on provision of diagnostic consultative services, epidemiologic investigation and appropriate preventive measures for the particular communicable disease hazards in the community
4) Maternal and child health services
5) Environmental health and sanitation services including food safety, housing and institutional inspection, radiological health in local jurisdictions contracting with the State, recreational water inspection, vector control, waste management inspection, and water inspection
6) Public Health Laboratory services related to the prevention and control of human disease
7) Nutrition services for the promotion of positive health, the prevention of ill health, and the dietary control of disease
8) Services in chronic disease, which may include case finding, community education, consultation, or rehabilitation, for the prevention or mitigation of any chronic disease
9) Services directed to the social factors affecting health, and which may include community planning, counseling, consultation, education, and special studies
10) Services in occupational health to promote the health of employed persons and a healthful work environment, including educational, consultative and other activities appropriate to local needs
11) Appropriate Services in the Field of Family Planning
12) Public Health Nursing

The County, as a local health jurisdiction, has some discretion as to the method and extent to which mandates are addressed. For example, jurisdictions are required to provide health education programming, but there is flexibility as to the amount of education provided, such as the number of classes and the type and quantity of materials distributed. For the purposes of this report, it is assumed the City would provide a full and comparable level of services as currently provided by the County, in order to ensure that residents do not experience a service reduction.

4. Los Angeles County Department of Public Health (DPH)

The County encompasses 88 cities, including three cities that have been operating their own public health departments for over 100 years: Pasadena, Long Beach, and Vernon. Each of the three cities has a relationship with the County through memoranda of understanding (MOUs), contracts, and agreements to help administer public health services to their respective residents. In 1964, the City of Los Angeles entered into a contract with the County for the provision of public health services as required by State law. Since that time, the DPH has expanded services provided throughout the County to address community needs as they have arisen. DPH activities currently range from direct medical services for select communicable diseases to policy analysis and advocacy. With 4,462 budgeted positions and a budget of \$832 million, DPH serves a

County population of approximately 9.96 million in a large geographic service area that spans 4,300 square miles. The County is divided into eight geographic regions (Service Planning Areas) in order to provide targeted services. Attachment 1 provides a map of these Service Planning Areas, and Attachment 2 provides general information regarding the County's DPH.

DPH provides clinical and field services through its 14 public health centers and one rehabilitation center. These facilities provide free and low-cost services for those without health insurance or a regular health care provider. Specific services include immunizations, triage for communicable disease, Tuberculosis (TB) screening and treatment, and Sexually Transmitted Disease (STD) testing and treatment. Five of the public health centers are physically located within the City (Central, Hollywood Wilshire, North Hollywood, Pacoima, and Ruth Temple); however, services are also open to adjoining areas. The County estimates that City residents account for 46 percent of all visits to the 14 public health centers.

The County addresses its programs under budget divisions to simplify the financial operating system, however the multitude of programs are under more than one division. Specifically, the County administers various programs through five budget divisions: Public Health Programs (PHP), Substance Abuse Prevention and Control (SAPC), Children's Medical Services (CMS), Division of Human Immunodeficiency Virus and Sexually Transmitted Disease Programs (DHSP), and Antelope Valley REHAB Centers (AVRC). Similar to the City's budget program structure, the County's budget divisions may not represent the organizational or operational structure of the DPH, as actual services and functions may cross budget divisions. Of the programs within DPH, some of the programs carry out their work by contracting with community organizations. Attachment 3 provides detail as to the County's services.

- Public Health Programs - budget of over \$424 million with 3,059 budgeted positions

The mission of the PHP is to deliver general public health care to improve the health of all County residents. This means protecting residents from health threats such as food-borne illnesses, natural and manmade disasters, toxic exposures, and preventable illness and injury. PHP also works to prevent chronic diseases such as heart disease, cancer, and diabetes, and other risk factors, including poor nutrition, inadequate physical activity, and tobacco use. Specific programs are described in Attachment 3.

- Substance Abuse Prevention and Control (SAPC) - budget of over \$214 million with 265 budgeted positions

SAPC has the primary responsibility of administering the County's alcohol and drug programs including a wide array of alcohol and other drug prevention, treatment, and recovery programs and services for individuals through contracts with over 150 community-based organizations. The primary recipients of County-funded alcohol and drug treatment, recovery, and intervention services are residents of all parts of Los Angeles County, including City residents, particularly those who are uninsured and/or underinsured.

- Children's Medical Services (CMS) - budget over \$100 million with 807 budgeted positions
CMS focuses on ensuring that children with special healthcare needs and children from low-income families have access to health services and family assistance that maximize their physical, mental, and social health, their overall development, and their well-being. Treatment and screening is provided for individuals age 21 and under.
- Division of Human Immunodeficiency Virus and Sexually Transmitted Disease Programs (DHSP) - budget over \$88.8 million with 228 budgeted positions
DHSP's mission is to prevent and control the spread of HIV and Sexually Transmitted Diseases (STDs) through epidemiological surveillance, implementation of evidence-based programs, coordination of prevention, care, and treatment services, and the creation of policies that promote health.
- Antelope Valley REHAB Centers (AVRC) - budget over \$3.8 million with 103 budgeted positions
Although the name references the Antelope Valley, the AVRCs serve the entire County. The mission of the AVRC is to provide specialized integrated substance abuse disorder treatment. AVRC provides residential and outpatient services to adult men and women, which include assessment, treatment, and recovery support.

Given the regional scope of the services being provided and legally required anonymity aspect of certain health services, the breakdown of the County services provided to City residents is difficult to identify.

5. Costs, Funding, and Timeline

Creating a City department requires identification of the scope and services of the department. Once that information is known, the magnitude of services being offered, the number and type of staff needed, and facilities and equipment required can be determined and budgeted.

A. Assumptions

In the case of a proposed new City Public Health Department, estimating basic costs, timeline, and funding sources must be based initially on the services provided by the County. Because public health provides population-based services, those services cannot be arbitrarily terminated for a period of time as people depend on them. For the purpose of this report, we have used the very broad assumption that 40 percent of the County population is in the City, and therefore 40 percent of the County activities are related to the City. It should be noted that the County has indicated that it provides some services that only a county can provide in compliance with State law, which could reduce the City's operational costs. However, this could also potentially limit public health services available in the City since the Initiative explicitly prohibits the City from contracting with the County for the enforcement of public health laws.

B. Costs

The establishment of a new City Department of this magnitude is expected to be both time-consuming and costly as substantial start-up costs are expected to be incurred. It is also anticipated that existing City staff would need to be diverted from Mayor and City Council-funded priorities to lay the foundation for the creation of the new Department. The following are some of the anticipated impacts to existing City Departments:

- Personnel Department would require additional staff to conduct the classification, recruitment, and examining functions outlined below (See the Personnel/recruiting process within the Timeline Section below.).
- Public Works-Bureau of Engineering would need to determine space needs and potentially acquire land and oversee construction of a lab.
- GSD would need to find space and procure supplies and equipment.
- ITA would need to provide telephone and internet access for the staff at any new office and laboratory space, which may include installation of new network infrastructure to accommodate the additional usage. Additionally, ITA would assist with the procurement of computer equipment and necessary software, as well as the design and implementation of any specialized information technology systems necessary to support the operations of a Public Health Department. Any support staff and related systems that manage health-related information, such as electronic medical records systems, must be compliant with HIPAA privacy regulations to ensure confidentiality of patient information.
- The City Attorney would need to prepare several ordinances to establish the Department and create the necessary positions, as well as provide legal advice and guidance throughout the process.

Given the significant reductions that have been absorbed by each of these departments over the last five years, all of them would likely require additional resources to take on this work, unless the Mayor and Council decide to defer or abandon other budgeted priorities while this work occurs. Assuming a minimum of two additional positions per department listed above, at an estimated average salary cost of \$100,000 per City position, the minimum additional direct salary costs to begin to create a new department would be about \$1.0 million.

In addition to facilities and personnel resources, start-up costs would include acquisition of cars for inspectors and other field personnel, thereby expanding the City's fleet; acquisition of both mobile labs and the equipment for those labs; acquisition or development of integrated information technology systems, including electronic health records; and development of electronic or physical capacity to contain and manage birth and death certificates. For comparison, the County's annual cost for total capital asset equipment is more than \$4.7 million, which includes medical equipment; non-medical lab/testing

equipment; telecommunications, data handling, electronic, and other information technology equipment; as well as office furniture and fixtures, and transportation. The City would also need to be prepared to develop the training and certification required under HIPAA as well as a program to ensure clinical staff are appropriately and currently licensed and credentialed.

Once the department is created, the largest single operating cost will be salaries and benefits. We have assumed that the City would be obligated to provide every service currently by DPH and 40 percent of the County's health services and DPH budget are expended in the City. Consequently, a City Public Health Department would be 40 percent of the size of the County DPH which has an operating budget of \$832 million and 4,462 budgeted positions. Therefore, the City's estimated annual operating budget would be \$333 million, of which salaries and benefits would be about \$174 million for a total of 1,785 positions, based on the County's staffing and budget for salaries and benefits. City salaries will likely be higher, in part because the City will be required to virtually duplicate the executive and management structure of the County department. Thus, the estimated annual salary cost of \$121 million for 1,785 positions is expected to be low. Related costs would add an estimated \$53 million to the annual budget.

Expense costs, including supplies, equipment, transportation, communications services, and contractual services, would be based on the City's procurement processes. It is reasonable to expect that the City's supply and equipment costs may be higher than the County's, due to economies of scale. Since the City would be buying smaller quantities of specialized items, the City may not get bulk pricing available to the County. Additionally, the County contracts with a variety of organizations to provide services. The estimated annual cost of expenses based on 40 percent of the County's cost would be about \$150 million.

Additional ongoing resources would be required in several City departments. The Controller may require additional resources to set up and process accounting documents, along with the need to provide accounting guidance for the new Department because it will potentially have a significant number of restricted funding sources. GSD, Personnel, ITA, and the City Attorney will have ongoing staffing needs.

Looking at the County's liability experience, the City can also expect to incur liability and costs of risk. In fiscal year 2011-2012, the County had 210 new claims and paid a total over \$8.45 million, which includes indemnity and legal fees and expenses for worker's compensation, vehicle liability, general liability, and medical malpractice. Of those claims, eight were from medical malpractice and 169 were from worker's compensation.

Additionally, the \$333 million estimate does not include the costs to the City to place this Initiative on the ballot, estimated at \$4.6 million.

C. Funding

The County DPH 2012-13 Budget is \$832 million, of which \$651 million (78 percent) is derived from direct revenues including various fees, State and federal funding allocations, and grants. The County has initially estimated that only \$72 million in direct fee, State, federal, and grant funding currently received by the County would be initially available to the City for a Public Health Department.

The County DPH currently has over 250 fees established for public health services, and receives fee revenue totaling approximately \$100 million per year. These fees range from charges for copies of birth (\$23) and death certificates (\$16) to permit fees for body art establishments (\$783) to restaurant inspection fees (\$277 to \$1,250). The City would not be entitled to any fee revenue currently received by the County. As the City currently does not have any fees established for public health, fee studies would need to be completed to determine the cost for the City to provide these services. The Council would then need to establish fees through ordinance. Fees can only recover the costs associated with the provision of the specific service being provided, and could not supplement any other public health services provided. The County may currently be achieving a reduced fee structure due to the economy of scale associated with serving such a large population. Therefore, if the City were to achieve full cost recovery for the services provided, it is possible that the City's fees may exceed the current County fees for the same services. The County has estimated that \$38 million of the \$100 million in fee revenue currently received by the County is attributed to fees paid by City businesses, and therefore that \$38 million in fee revenue would be received by the City annually if the City were to establish fees comparable to the County's fees for these services.

Additionally, the County receives additional State and federal funding, including direct allocations and grants, for public health. The County has estimated that initially only \$34 million in grant funding for public health would be available to the City, associated with grants that are funded on a formula basis per capita. The \$34 million represents the allocation that the City would receive simply based on population estimates for these formula grants. Additional grants have previously consistently been allocated to the County, as the County is currently the only eligible service provider, but may be available to the City if a Public Health Department was established. However, a greater analysis would need to be completed on each individual funding source to determine whether the City could receive additional funding. Additionally, the County has indicated that some federal and State funds are allocated to the County, and then the County subsequently provides a portion to the Long Beach and Pasadena Public Health Departments based on population. As these funds are allocated from the County to the cities through a contract, it is unknown what impact the Initiative's prohibition on contracting could have on the availability of these funds to the City.

The County also receives grant funds through competitive awards, which would likely not be immediately available to the City, as they were awarded in response to grant applications submitted by the County. However, the City may be able to compete for such grants in future funding cycles, although it is unknown how competitive the City's applications would be due to the lower population service area and the City's lack of

experience and expertise in providing these services. Additionally, competition between the City and County for the same grants may result in lower funding being allocated to the region overall.

Other funding sources include direct State allocations pursuant to various State legislation, including AB109 revenue, also referred to as 2011 State Realignment Funding, and AB8 revenue, also referred to as 1991 State Realignment Revenue. However, the County is often specifically named in the State legislation as a funding recipient for these types of funds, and therefore State and/or federal legislation change would be required for the City to receive any of these funds. At this time, it is unknown how much, if any, additional funding would be provided to the City associated with any legislation change.

According to a study recently published in the American Journal of Public Health, across the nation, local government public health agencies obtain an average of 44 percent of their funding from local governmental appropriations, with the remainder derived from state government (30 percent), fee-based revenue (19 percent), and direct federal appropriations (three percent).

D. Timeline

Establishing a City Public Health Department in 120 days requires a particularly extensive and unprecedented plan to hire employees and acquire necessary property for programs, services, and facilities, including a laboratory as mandated for local Public Health jurisdictions by the California Health and Safety Code. To put the demands of this effort into context, a recent City recruiting and hiring process for one specialized health care classification took almost two years.

These two areas: hiring the necessary personnel and providing space for the operations, would have the most significant impact on the timeline associated with establishing a new Department.

1. Personnel/Recruiting process

Currently, the County DPH has 4,462 budgeted positions. Considering the City is roughly 40 percent of the County's population, the City's Personnel Department would have to follow City protocol for creating new job classes for potentially as many as 1,785 positions, if the City were required to provide all of the services currently provided by the County. For comparison purposes, in 1964 the City transferred about 1,000 positions to the County when the City and County public health functions were merged.

Because public health would be a completely new undertaking for the City at this time, several steps would need to be taken before recruiting and hiring could begin. As noted above, the first and most critical step is to define the scope and services to be provided as this will drive the understanding of types of skills needed. The Department organization would also need to be determined. Typically, department managers begin the process by defining individual jobs, duties, and requirements. In the absence of department management, that work would need to be undertaken

with the help of the consultants and possibly County DPH and Human Resources personnel. Once the jobs, duties, and responsibilities have been defined, the following process can begin:

Steps	Estimated time to complete
The Personnel Department develops class specifications, which must be approved by the Civil Service Commission	Two to four months
Unions may petition the Employee Relations Board (ERB) to accrete the new classes as soon as the new classes are established.	No impact overall
Personnel's Classification Division evaluates the appropriateness of an accretion and makes a recommendation to the ERB on accretion.	One month
The CAO Employee Relations Division (ERD) establishes salaries. If classifications are represented, the salaries will be negotiated with the applicable bargaining unit. If classifications are unlike current City positions, salary studies have to be conducted.	One to two months
The CAO makes recommendations to the Executive Employee Relations Committee (EERC)	No impact overall
EERC makes recommendations to Council. Recommendations are considered by Personnel Committee and Council.	No impact overall
After approval by the EERC and Personnel Committee, the City Attorney prepares a salary ordinance for approval by the Council and Mayor	Two to three months
Personnel begins to recruit people to fill positions. Recruitment may be done by consultant recruiting firms that provide executive search services particularly for specialized classes with technical education and experience requirements.	Several months for specialized classes *Certain highly specialized classes that are in high national demand with a limited pool of qualified applicants can take up to two years to be recruited and filled
Qualified candidates would go through background checks: possibly fingerprinting, medical, or even Department of Justice fingerprint checks. The Personnel Department would need to research requirements	Time contingent upon degree of background checks and external reviewers involved
Qualified candidates who pass background checks could get emergency appointments, but the positions would	Four to six months

need to be a part of the Civil Service system, which means exams would need to be developed and administered before regular appointments could be made.	
Total time estimated	Minimum of slightly more than one year and potentially up to two years

The City could potentially use County classification specifications and position descriptions to guide this process; however, care would need to be taken to ensure City requirements and needs were met. It is also unlikely that County DPH personnel could be hired at the outset. If the County were required to lay off DPH personnel, it would require a Civil Service process that would result in the employees with the least seniority being released. Those employees may not have the qualifications or experience needed in a new City Department. For reference, typical County staffing for a public health center is provided as Attachment 4.

For comparison, it took the City over two years to facilitate the transfer of sworn and civilian positions from the GSD Office of Public Safety to the Los Angeles Police Department. The classifications and position descriptions for these existing positions were already in place, and the City already had expertise in the functions performed by the positions. To create classifications, recruit qualified applicants, and hire as many as 1,785 positions for the proposed Department in a much shorter amount of time would be extremely challenging and likely infeasible under the terms of this Initiative, particularly considering the City's lack of expertise in the performance of public health activities.

The City would likely not provide all services just with staff. As is the County's practice, the City would likely contract with Community-Based Organizations (CBOs) to provide community services. These CBO contracts would require a competitive procurement process, including the development and issuance of Requests for Proposals (RFPs), evaluation, and subsequent contract development, negotiation, and execution. The RFP process would also impact the timeline for establishment of the Department and its ability to provide services.

2. Building/property acquisition process

One of the minimum requirements for a public health jurisdiction is operating and maintaining a lab. It is an option to contract with a private lab; however such an alternative is costly. The City could send certain specimen to a State lab, but for special cases, not for daily testing operations. Therefore the City would need space to house the new Department and laboratory. Assuming that matters such as the scope of operation (including staffing levels) are first resolved, the following steps would need to occur to address municipal facilities' needs:

- Bureau of Engineering (BOE) would perform a space analysis, which may require consultant support based on the number of employees, the occupations and specialized needs that the operation requires.
- An assessment would be conducted by GSD to see if the City has existing facilities that can accommodate the operation or whether a new location needs to be acquired. While leasing of space is an option if necessary, it is City policy to try to utilize City-owned space to the extent possible to minimize rental costs, especially if the purpose of the use is permanent.
- If a new location needs to be acquired and built, the City should plan for six to 12 months to acquire the land, 12 months for facility design, and 24 months for construction. In all, this process would take up to four years. In the event that a full Environmental Impact Report (EIR) is needed, rather than a negative declaration, another 12 months could be added, totaling up to five years.

To provide a comparison, the County opened a \$52.6 million technologically advanced lab in March 2007. The County's lab is unique among other local public health laboratories in California due to the volume of testing it performs, conducting more than 700,000 tests on 400,000-plus specimens a year. Not only would space need to be acquired for a lab, but storage space to keep vital records would be necessary as well. Providing birth and death certificates would be a function that would need to be up and running immediately for the residents of the City. The buildings themselves require planning, design, and construction, but would need to be outfitted with office and specialized lab supplies and technologies necessary to carry out the needs of the City.

6. Other Considerations

In addition to basic costs, timeline, and funding sources, there are other costs that must be considered associated with the proposal to create a City Public Health Department. These include items such as legal limitations, contract compliance and accreditation. Additionally, the impact of the 2010 Federal Patient Protection and Affordable Care Act is completely unknown.

A. Legal Limitations

State statute provides that when a governing body of a city within a county consents by resolution or ordinance that the county health officer shall enforce all statutes and regulations relating to public health, then that resolution or ordinance is effective indefinitely. The services provided by the county must continue unless the city terminates them by adoption of a resolution or ordinance on or before March 1 of any subsequent year. If termination is adopted, the services of the county health officer must end on July 1 following the service of notice. The requirements for termination of services seem to conflict directly with the Initiative's 120 day timeline, in that adoption of termination cannot happen after March 1. Further, the contract between the City and the County specifies that one party can terminate the agreement at the end of any fiscal year by giving written notice

of such intention to do so not less than 30 days prior to the end of any fiscal year. The existing statute and contractual requirements appear to be intended to provide sufficient notice and time for the transition of operational, organizational, and financial requirements for all parties (City, County, and State). The implications of the conflict between the Initiative language and that of statute and the contract between the County and the City are unclear and require further review from the City Attorney.

B. Memoranda of Understanding (MOUs) & Contracting Prohibition

At this time it is unclear what precisely the prohibition to contract with the County means for the proposed Department. The City would face limitations in all communication and coordination with the County in regards to public health, which would impact the quality of public health work and subsequent outcomes throughout the region. Would the City and County be able to operate alongside each other effectively without interfering or duplicating work if they are not allowed to enter into a contract? Would all communication need to be informal? Could regular and necessary information sharing systems be established without violating the terms of the proposed Initiative? Currently, cities that have their own public health departments have formal MOUs with the County to restore particular services, as well as more informal relationships and regular processes that support each department's own mission. For instance, under one proposed contract the County and the City of Long Beach Diabetes Prevention and Management Program would work collaboratively to adopt and implement a team-based care approach to promote standard protocols for delivering high impact care and clinical preventive services to low-income persons with diabetes. Another contract with the County DPH provides the City of Pasadena with storefront HIV counseling, testing, and referral services, among many others agreements.

Furthermore, the County currently has 710 contracts for services with multiple organizations, some of which are not located within the City. Most likely under the provision of the Initiative, the County would be precluded from providing certain services within the City and thus many of those service obligations would end. It is unclear which contracts might be affected, whether it is possible to terminate those contracts to allow for the City to instead provide those services, and if the City could timely negotiate and officiate its own contracts without disruption in service.

C. Accreditation

In addition to the current regulatory structures facing public health jurisdictions, nationally departments are moving towards voluntary accreditation through the Public Health Accreditation Board (PHAB), a nonprofit organization founded in 2007 that aims to advance the quality and performance of public health departments. Despite having been recently established, 11 departments nationwide have earned five-year accreditations and public health jurisdictions throughout the State are preparing to apply in the coming years. Most public health departments take one to two years to prepare and complete the seven step application process which requires substantial documentation. The City would need additional years to prepare for the application process in order to have sufficient experience and data necessary for application materials that demonstrate the Department is established and operating.

Accreditation through PHAB may become a new standard to identify the performance of public health jurisdictions, particularly in a budgetary environment where departments are required to provide quality services with modest financial resources. Applying for accreditation would be an ongoing responsibility with a potential impact to a department's costs. The time that the City would be without accreditation through PHAB could negatively impact applications for competitive grants, and it could easily take several years for a new public health jurisdiction to meet the application requirements. Applying for accreditation through PHAB would require at least one key staff person from the department (though PHAB recommends a team), supporting staff time and the necessary application fee based on population size of the public health jurisdiction.

7. Impact on Public Health: Transitioning from the County to the City

Given the Initiative's provisions, the process of transitioning to a City Public Health Department creates particular challenges that could lead to compromising public health within the City and the surrounding region.

The County has established a great capacity to halt potential public health crises through its expertise and the ability to coordinate resources on a large scale. Just recently, the County had a role in disseminating timely information and administering prophylaxis (e.g. vaccines) to protect against a recent Hepatitis A outbreak throughout the State. The County had discretion in deciding to administer prophylaxis to control the outbreak and the capacity to serve anyone seeking medicine, regardless of their residency. A City Public Health Department may not be immediately equipped to respond to a similar crisis due to a lack of personnel resources during the early stages of operation coupled with a lack of experience in coordinating a strategic response to public health threats. Such capacity could develop once staffing needs are sufficiently met and the Department has experience deciding how to respond to challenging situations.

The County also relies on timely information sharing between hospitals and physicians in order to avoid public health disasters, and this communication could be disrupted during a transition. MOUs and relationships built over decades with hospitals, non-profits, school districts, ports of entry, and other organizations support DPH operations. If particular strains of communicable diseases occur that could impact the County, then DPH relies on its established relationships to alert its staff of the situation in order to coordinate an appropriate and timely response. With communication across various sectors a public health department can manage an outbreak with efficiency often detecting the issue before it becomes a widespread problem.

In addition, because it is not feasible to immediately recover all grant dollars or other restricted revenue streams lost in the transition, there could easily be a strain on public health services both in the City and County. Especially in cases where one jurisdiction must serve residents of another in order to protect against a public health crisis, service levels may be inadequate. Examples of competitive grants for which the City could apply follow:

- State: Beach Water Quality Monitoring and Public Notification; California HIV/AIDS Research Program Patient Centered HIV Medical Home.

- Federal: Community Transformation Grant; Influenza Incidence Surveillance Project; Epidemiology and Laboratory Capacity for Infectious Diseases; Tuberculosis elimination; Substance Abuse and Mental Health Services Administration (SAMHSA) Drug Court.

8. Conclusion

The sum of projected costs identified in this report serves as a baseline for operating a Public Health Department within the City. However, identification of the cumulative fiscal impact is contingent on many factors that are impractical to quantify prior to implementation. Potential staffing and facility needs are extensive, highly specialized and would incur significant start-up costs. Obtaining these resources is also dependent on multiple points of legislative and administrative approvals that would likely exceed the 120 day timeline. Additionally, the communication processes and work systems necessary in order to arrive at a transition point where a new City Department can function alongside the County to ensure a safe and healthy environment throughout the region while adhering to the terms of the Initiative are unknown, and thus imposes further operating costs.

The following are also significant issues for consideration:

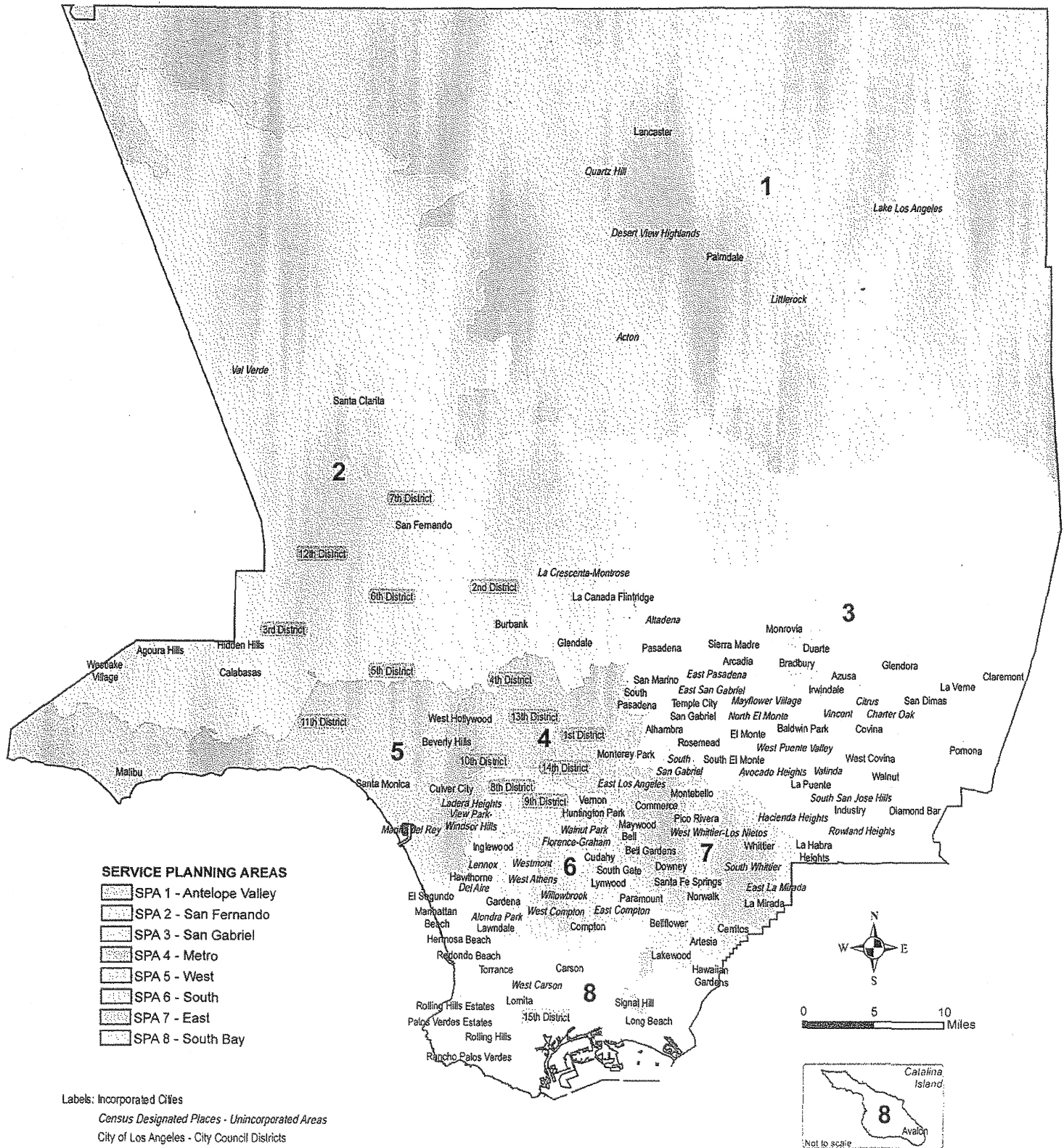
- It is a largely uncommon experience for any public health jurisdiction in the U.S. to fully cover its operating costs through fees, and given the City's baseline cost estimates identified in this report, it is not feasible to fund the proposed Department entirely through fees. The County currently recovers only 12 percent of operational costs through fees.
- There are severe limitations to accessing supplemental sources of revenue, particularly grants and other streams that are currently specified for the County.
- A newly established Public Health Department in the City will not be equipped to adequately serve all the public health needs for the City's entire population given its vast and specialized responsibilities coupled with the necessary financial resources to fully prepare for implementation.
- All residents within a public health jurisdiction rely on their department of public health for protection from a wide variety of threats, from bioterrorism to tainted foods to many other hazards that could lead to crises in the region. Public health emergencies are not constrained by City boundaries, and require regional coordination and cooperation. The slightest failure in enforcing all existing codes related to public health without the ability to contract with the County DPH would unnecessarily put the residents of Los Angeles and surrounding communities at risk, and is likely given the many administrative restrictions.
- The Initiative's prohibition on contracting with the County could also create a number of operational and potential public health challenges both in terms of addressing public health needs in an effective, efficient, and coordinated manner, and in a potentially wasteful duplication of capabilities and public resources.

Delivery of public health services is not an "off the shelf" service that can be rushed arbitrarily. The breadth and scope of services needed and the design of a system to deliver them requires careful and detailed planning and consideration by a multitude of experts.

Given the City's current fiscal situation, the projected \$261 million annual General Fund impact associated with the ongoing expenditures of such a Department would likely require the City to either 1) submit an initiative to the voters of the City to increase taxes to fund the Department, 2) greatly reduce the scope of public health services currently provided by the County, and/or 3) reduce other General Fund services, such as police hiring, fire service restoration, and street resurfacing.

Cities and Communities of Los Angeles County by Service Planning Area (SPA)

Attachment 1



Did you know that Public Health...

- Inspects and grades restaurants, markets, and food trucks to prevent food-related illness?
- Monitors ocean water and swimming pools to ensure safe swim areas?
- Treats people with sexually transmitted diseases and HIV/AIDS?
- Helps residents prepare for natural and human-caused emergencies and disasters?
- Inspects and licenses hospitals and nursing homes?
- Controls animals, rodents, and insects that may cause disease?
- Makes home visits to coordinate the care of high-risk pregnant women?
- Provides laboratory services to identify diseases and health hazards?

Keep up with the latest news from the Department of Public Health

Website: www.publichealth.lacounty.gov

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Los Angeles County Department of Public Health

Jonathan E. Fielding, MD, MPH

Director and Health Officer



10/11 English

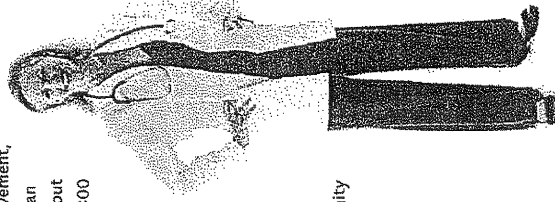


How Does Public Health Help the Community?

The Department of Public Health is prevention-focused and works in many areas to protect and improve the health of our community.

Whether inspecting a restaurant, beach, or nursing home; treating an infectious disease at a public health center; responding to outbreaks or emergencies, such as a pandemic or earthquake; educating the public and community leaders through events and meetings; conducting surveys to assess the health of the population; or creating policies focused on health improvement, the department's work can be seen and felt throughout Los Angeles County's 4,300 square miles.

Day in and day out, the nearly 4,000 employees who staff the department's 39 programs are committed to protecting the health of LA County residents and making the community a better, and healthier, place to live.



Programs and Services

A comprehensive range of programs enables the Department of Public Health to protect and improve the health of LA County residents. Here are a few of the department's programs.

Children's Medical Services: Screens and treats those 21 years old and under.

Chronic Diseases: Focuses on reducing occurrence through environmental and lifestyle change.

Communicable Disease Control and Prevention: Seeks to reduce risk factors through disease surveillance and promoting healthy behavior.

Community Health Services: Provides clinical services and case management through the public health centers. **Emergency Preparedness and Response:** Prepares residents for public health threats such as infectious disease and bioterrorism.

Environmental Health: Promotes quality of life by controlling environmental factors, including restaurant inspections. **Health Assessment and Epidemiology:** Develops surveys to collect data on health conditions and behavior.

Health Facilities Inspection: Licenses and certifies nearly 2,000 health facilities.

HIV/AIDS: Seeks to prevent the spread of HIV/AIDS.

Immunizations: Protects the community against vaccine-preventable diseases.

Maternal, Child, and Adolescent Health: Evaluates, plans, and implements services for these groups.

Public Health Investigation: Safeguards health through enforcement of public health laws.

Public Health Laboratory: Protects public health through laboratory testing.

Senior Health: Improves quality of life for the elderly and their families.

Sexually Transmitted Diseases: Works to prevent and control STDs throughout the county.

Substance Abuse Prevention and Control: Strives to reduce abuse through evidence-based programs and policy advocacy.

Tuberculosis: Seeks to prevent transmission through early detection of active disease and treatment of latent infection.

Veterinary Public Health and Rabies Control: Investigates animal disease outbreaks and animal bites.

Women's Health: Strives to improve health through strategic planning, including the Women's Health hotline.

Public Health Centers

The Department of Public Health operates 14 health centers that provide free and low-cost services for those without health insurance or a regular health care provider. Services provided are **Immunizations, Tuberculosis (TB) screening and treatment, and Sexually Transmitted Disease (STD) testing and treatment.**

A Antelope Valley Public Health Center
335-B East Ave. K-6
Lancaster, CA 93535
(661) 723-4526

B Central Public Health Center
241 N. Figueroa St.
Los Angeles, CA 90012
(213) 240-8204

C Curtis R. Tucker Public Health Center
123 W. Manchester Blvd.
Inglewood, CA 90301
(310) 419-5325

D Glendale Public Health Center
501 N. Glendale Ave.
Glendale, CA 91206
(818) 500-5750
Immunization and TB services only; TB clinics are by appointment

E Hollywood/Wilshire Public Health Center
5205 Melrose Ave.
Los Angeles, CA 90038
(323) 769-7800

F Monrovia Public Health Center
330 W. Maple Ave.
Monrovia, CA 91016
(626) 256-1600

G North Hollywood Public Health Center
5300 Tujunga Ave.
N. Hollywood, CA 91601
(818) 766-3982
STD services only

H Pacoima Public Health Center
13300 Van Nuys Blvd.
Pacoima, CA 91331
(818) 896-1903
Immunization and TB services only; TB clinics are by appointment

I Pomona Public Health Center
750 S. Park Ave.
Pomona, CA 91766
(909) 868-0235

J Ruth Temple Public Health Center
3834 S. Western Ave.
Los Angeles, CA 90062
(323) 730-3507
STD services only

K Simms/Mann Health and Wellness Center
2509 Pico Blvd.
Room 325
Santa Monica, CA 90405
(310) 998-3203
STD services only

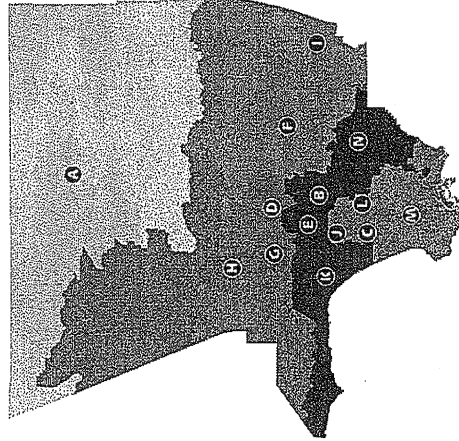
L Martin Luther King, Jr. Center for Public Health
11833 S. Wilmington Ave.
Los Angeles, CA 90059
(323) 568-8100

M Torrance Public Health Center
711 Del Amo Blvd.
Torrance, CA 90502
(310) 354-2300

N Whittier Public Health Center
7643 S. Painter Ave.
Whittier, CA 90602
(562) 464-5350

Service Planning Areas

Los Angeles County is divided into eight geographic regions, or Service Planning Areas (SPAs). These distinct areas allow the Department of Public Health to provide public health and clinical services that meet the specific health needs in these areas.



SPA Administrative Offices

Antelope Valley (SPA 1)
Serving the communities of Antelope, Santa Clarita, San Fernando and Crescenta valleys
(818) 487-0063

San Gabriel Valley (SPA 3)

Metro (SPA 4)
Serving the communities of Hollywood, Downtown Los Angeles, and San Gabriel Valley
(213) 240-8049

East (SPA 7)

South Bay (SPA 8)
Serving the communities of the Gateway Cities, East Los Angeles, and the South Bay
(562) 464-5478

West (SPA 5)

South (SPA 6)
Serving the communities of South Central Los Angeles, West Los Angeles, and the Santa Monica Bay region
(323) 730-3515

Who Do I Contact?

The following is a list of services and contact information for some of the programs offered by the Los Angeles County Department of Public Health.

Birth and Death Certificates
Birth certificate
(213) 240-7812
Death certificate
(213) 240-7816

Children's Medical Services
California Children's Services (CCS)—health care services for children with special health care needs
(800) 288-4584

Child Health and Disability Prevention Program (CHDP)—access to preventive health exams for low/moderate-income families and children with Medi-Cal coverage
(800) 993-2437

Emergency Preparedness Program
(213) 637-3600

Foodborne Illness
(213) 240-7821
(M-F, 8 am-5 pm)
(213) 974-1234 (evenings and weekends)

HIV/AIDS and STDs
(800) 367-AIDS (2437) (M-F, 9 am-5 pm; English and Spanish)
(800) 758-0880 (automated, 24 hours a day; English and Spanish)
(213) 744-5949 (M-F, 9 am-5 pm; health educators are available)

Immunizations
(213) 351-7800

Restaurant Grades and Closures
(888) 700-9995

Substance Abuse
(626) 299-4193

Veterinary Public Health and Rabies Control
(877) 747-2243

Women's Health
(626) 569-3850 (M-F, 8 am-5 pm)
(800) 793-8090 (hotline for low-income women)

For a more comprehensive listing, the most up-to-date contact information, or to file a report on a public health threat, visit the department's website at www.publichealth.lacounty.gov.

For information about other LA County health and human services, call 2-1-1.

Community Health Services Administration: (213) 240-8040

Services Provided by LA County Department of Public Health

Children's Medical Services

- Provides preventive screening and diagnostic, treatment, rehabilitation, and follow-up services for eligible children in LA County (LAC) through administration of three State programs: Child Health and Disability Prevention, California Children's Services, and Health Care Program for Children in Foster Care.

Chronic Disease & Injury Prevention

- Works to reduce the occurrence, severity, and consequences of chronic diseases and injuries by partnering with government and community partners to address underlying causes of chronic diseases, including those related to the physical and social environment.
- Provides senior health activities, physical activity and cardiovascular health programs, nutrition programs, the PLACE program (Policies for Livable, Active Communities and Environments), and tobacco control and prevention programs.
- Oversees Choose Health LA website which provides health education materials on chronic disease prevention and healthy living strategies.

Communicable Disease Control & Prevention

- Seeks to reduce the risk factors and disease burdens of preventable communicable diseases by promoting healthy behavior, conducting surveillance of diseases and risk factors, providing screening and enabling early detection, performing laboratory analysis and conducting communicable disease investigation and control measures. Includes immunization programs, acute communicable disease control activities, tuberculosis control activities, veterinary public health and the Public Health Laboratory.

Community Health Services

- Provides clinical services, surveillance, and case management through fieldwork. Public health nurses, investigators, community workers, and other field staff follow up on communicable diseases and other health-related concerns, educate the community, and conduct outreach activities. These professionals also conduct planning and implementation for response during emergencies or disasters including mass vaccination and prophylaxis.
- Operates 14 public health clinics throughout the County (including five in LA City) providing free or low-cost services to those with no insurance or no regular provider. Clinic services include population-based public health services such as immunizations and medical treatment for tuberculosis and sexually transmitted diseases, with a focus on preventing disease transmission.

Emergency Preparedness & Response

- Prepares for emergencies and minimizes adverse health effects caused by bioterrorism, infectious disease, and other public health threats through the development and exercise of a comprehensive public health emergency preparedness response plan. Builds community resiliency capacity to respond to emergencies and establishes and coordinates Points of Dispensing (POD).

Environmental Health

- Promotes health and quality of life by identifying, preventing, and controlling harmful environmental factors. Conducts hygiene inspections of retail food facilities, markets, food vehicles, hotels/motels, residential housing units, well constructions and small water systems. Conducts foodborne disease outbreak investigations and responds to food recalls. Conducts ocean water quality monitoring, recreational water (pool) monitoring, and water reuse/recycling plan approval and monitoring. Ensures that solid waste management in the County is handled in a safe, sanitary, and environmentally acceptable way. Conducts radiation management. Conducts vector management services and vector-borne disease surveillance. Through its Toxics Epidemiology Program, assesses and reduces toxic-related disease and injury, provides targeted investigations of potential environmental exposures, and educates the public around protection from toxic substances.

Office of Health Assessment & Epidemiology <ul style="list-style-type: none"> Ensures comprehensive health data on LA County population for public health assessment, policy development, and program planning and evaluation. Oversees development and implementation of LA County Health Survey, a periodic, population-based telephone survey from a representative sample of LA County residents on health conditions, health behaviors, health care access and utilization of services. Performs analyses and provides reports and information on the health of LA County residents; handles the collection and processing of birth and death data, and houses the Medical Marijuana Identification Program.
Health Facilities Inspection <ul style="list-style-type: none"> Provides licensing and certification of the nearly 2,000 hospitals, long-term care facilities, and other health care facilities and ancillary health care services in LA County for which licensure is required under State law. Performs inspections to evaluate compliance and document findings, and responds to citizen complaints regarding health facilities or providers.
Division of HIV and STD Programs <ul style="list-style-type: none"> Coordinates the department's response to STD and HIV infections in LA County and manages partnerships with public partners, including a network of public health clinics and school districts, as well as with a diverse array of private-sector, community-based organizations. Manages federal, state and local funds that support epidemiologic and disease surveillance systems, prevention and disease control efforts including counseling, testing, health education and risk reduction services, coordinated care, treatment, and supportive services, field investigation, program monitoring, and evaluation, and HIV prevention community planning.
Maternal, Child, and Adolescent Health <ul style="list-style-type: none"> Plans, implements and evaluates services that address the health priorities and primary needs of infants, children and adolescents, mothers, and their families in LA County. Employs a multidisciplinary staff of physicians, public health nurses, policy analysts, administrators, nutritionists, health educators, social workers and epidemiologists to engage in ongoing assessment, policy development, and quality assurance. Coordinates the Children's Health Outreach Initiative (CHOI), to contract with community-based organizations to provide outreach, enrollment, utilization, and retention services to cover uninsured children zero to five in LA County and their families; administers the Childhood Lead Poisoning Prevention Program, the Black Infant Health program, Fetal and Infant Health programs, Sudden Infant Death Syndrome program, Nurse Family Partnership, Breastfeeding Support program, Childhood Asthma Coalition, and various other programs.
Substance Abuse Prevention and Control Program <ul style="list-style-type: none"> Endeavors to reduce the community and individual effects of alcohol and drug abuse through evidence-based programs and policy advocacy. Administers contracts with more than 300 community-based agencies for a wide array of prevention, intervention, treatment, and recovery services for LA County residents, including several collaborative drug treatment programs working with correctional facilities and court systems. Includes the Antelope Valley Rehabilitation Center which has residential and outpatient treatment programs.
Office of Women's Health <ul style="list-style-type: none"> Works to improve the health status of women in LA County through strategic planning, comprehensive and effective approaches to improving women's health, and promoting the expansion of funding for research activities. Operates the Women's Health Hotline to increase access to care for low-income women by providing free heart disease risk assessments and by scheduling mammograms and Pap tests with community health care providers.
Administration <ul style="list-style-type: none"> Provides administrative support and executive oversight to the Department's operations, including strategic planning, intergovernmental relations, communication, information systems, quality improvement, departmental budgeting, accounting, personnel/payroll, procurement, and space/facilities management. The Homeless Coordinator and Needle Exchange programs are housed under Administration.

Typical County Staffing Reconfiguration/Replica for a Public Health Center

The following is a sample of what it would take and what services are involved to reconfigure/replicate a Public Health Center the size for example of the MLK, Jr., Center for Public Health. This report includes the staffing, equipment, building maintenance, and other support services required for the operation of a typical County Public Health Center if to be replicated. See attached staffing pattern for replicating a Public Health Center. Please note that Environmental Health Services are not included.

BUILDING – A two story 31,000 square foot building that is freeway accessible and to include an emergency generator, alarm system, security cameras, front and back entrance metal detectors and Emergency Video conferencing capability for emergency purposes.

CLINICAL AND OTHER SERVICES PROVIDED – Acute Communicable Diseases, Sexually Transmittable Diseases, TB, Communicable Diseases/Triage, Immunizations, Seasonal Flu (Influenza) and Community Outreach services.

PATIENT VISITS/CONTACTS – Approximately 20,000 patient visits are provided annually as well as 4,600 field visits. The field visits are provided by Public Health Nursing, Community Workers, and Public Health Investigators.

ON-SITE CLINICS AND STAFFING PATTERNS:

TB Clinic Staffing – A complete TB care team is composed of the following personnel:

- Area Medical Director (AMD) – One AMD for 2 or 3 TB clinics. The functions assigned to the AMD include TB physician supervision, contact investigations, and directorship of Public Health Clinics, directorship of pharmacies, correspondence and legal matters concerning clinical services, hires replacement physicians, maintenance of clinical services and plans for operations in the absence of negative air flow, supervises transfers to acute hospital care, serves as the Risk Manager for all clinical services, and regulatory oversight of all clinical operations.
- Radiologist – Contract is established with a radiologist to read chest x-rays/images completed in x-ray to determine TB, status of TB patient, or other upper respiratory diseases.
- TB Control Program Physician – One TB MD per clinic. The TB Control Physician functions as the consultant on difficult cases; helps with jailed and hospitalized patients and oversees discharges from hospitals. This position prescribes regimens for multi-drug resistant (MDR) patients and for patients with XDR and maintains drug supplies for Los Angeles County clinics when medications are in short supply.
- TB Clinic Physician – One Physician per clinic. The TB Clinic Physician provides consultations with community physicians (patients under the care of private physicians), supervises TB clinic patient care, reviews charts and chest x-rays, writes prescriptions for community outbreaks, oversees TB prophylaxis and Extended Role Nurse care and manages patients with Multi-drug resistant (MDR) TB.

- Extended Role Nurse – One Nurse Practitioner or Registered Nurse (RN) to provide TB preventive care to those with TB infection but no evidence of TB disease. TB Clinic physician oversees this care and handles patients with drug reactions.
- Public Health Investigator (PHI) – One or two per TB Clinic. The PHIs ensure patient compliance and provide counseling services for sexually transmitted diseases. Public Health Investigators transport patients from hospitals and jails to clinics and housing for TB patients. PHI also locates non-compliant patients and to see that public health laws are enforced.
- Clinic Nurses – Two or three clinic RNs are assigned per TB Clinic and are required to maintain chest clinic operations. The clinic nurses conduct daily chart review, dispensing of medications to TB clinic patients and patients on long term therapy for TB (6 months to 2 years). They also assist TB lead physician; draw blood; collect sputum; deliver medications when necessary; process laboratory results; conduct hearing and eye tests on TB patients; contact other hospitals and providers for laboratory results; and validate daily functioning of negative air flow systems and pharmaceutical refrigeration systems.
- Community Workers – Two or three are assigned per TB Clinic. They deliver Directly Observed Therapy (DOT) to TB patients at their homes, school, or work. They also help prepare patients for clinic, transport patients in vans to clinic, transport patients to acute care hospitals and to specialty visits. Report on the condition of patients at home and on any problems with the living situations.
- Clerks – One clerk is assigned per clinic session. Clerks register and prepare charts and process laboratory results so that these results are available for the clinician.
- Radiology Technician – One technician for each TB Clinic. Radiology Tech provides chest x-rays to TB Clinic patients, referred TB patients, alien referrals (B1 Visa Holders), and members of the public seeking TB clearance.
- Supervising Radiology Technician – One supervising technician who covers 12 TB clinics in Los Angeles County. Supervises and trains radiology technicians, maintains x-ray machines and digital radiology equipment, patient data base, images taken, certification, and ordering of equipment and supplies.

Sexually Transmitted Disease (STD) clinics – STD clinic staffing is similar to staffing for tuberculosis clinics with the exception that STD clinics do not require prolonged therapy with medications. The staffing for STD Clinics would include:

- Area Medical Director (AMD) – An AMD is needed to oversee the utilization, triage, and provision of STD clinic services, treatment of recalcitrant and court ordered treatment, investigation of cases of child abuse, and coordination of care for patients requiring hospitalization or specialty care.
- STD Clinic Physician – A clinic physician will carry out examinations on STD patients, direct the treatment of contacts, perform PAP smears, perform chart reviews for abnormal laboratory results, and conduct investigations on CD cases, referral for specialty care for cancers of the cervix and anus, and write prescriptions for prophylaxis of CD cases.

- STD Clinic Nurses – Two RNs are required for administration of medications, injections, intake interviews, processing of laboratories, education of patients and handling patient results.
- Public Health Investigator (PHI) – One PHI is needed per STD clinic to educate patients, locate contacts, transport high-risk contacts to clinic and to specialty care appointments related to STD's, Commercial Sex Venues Inspections, counseling of workers in the Adult Film Industry, Home Birth Verifications, Marine Bio-toxin Program Inspections, and removal of employees from sensitive occupations.
- Community Workers – Two to three Community Workers are needed to assist with registration and education of STD patients and may conduct risk assessment interviews and can transport syphilis patients for daily injections when necessary. Some community workers are phlebotomy certified to assist with blood draws and general counseling in the STD Clinic.

Communicable Disease (CD)/Triage Clinics/Immunizations – At these clinics nurses who are cross trained provide and assist with immunizations, communicable disease prophylaxis, TB screening, and testing. Staffing consists of the following:

- Physicians – the same physicians that work TB and STD clinics work with the communicable disease control staff and provide chart review and medical supervision of nurses who function in the Communicable Disease Clinics.
- Registered Nurses – Two to Three RNs run immunization and triage clinics and assist with services from other clinics. Staffing for communicable disease clinics is frequently augmented with other nursing and physician personnel for outbreaks and emergency situations.
- Licensed Vocational Nurses (LVN) – Two to Three LVNs provide assistance in the Communicable Disease Clinics and assist with injections under the supervision of RN's and MD's.
- Clerical Staff – In addition to one clerk assigned to each clinic, clerks register patients, prepare charts, input billing information, and process laboratory results so that these results are available for the clinician.

ADMINISTRATION SUPPORT STAFFING:

- Senior Administration Support – Director of Public Health and Health Officer, Deputy Director of Public Health, and DPH County Board Liaison.
- Community Health Services (CHS) Administration Support – Director of CHS; Deputy Director of Administrative Services, CHS; Deputy Director of Planning and Medical Affairs, CHS; Medical Director, CHS; Staff Analyst for Health Center Operations, Staff Analyst for Quality Assurance and Risk Management, and a Staff Analyst for Human Resources and Financial Management; one Assistant Staff Analyst for procurement, invoice processing, and service requests.
- Office of Administrative Deputy Support – The Administrative Deputy, DPH, oversees the management of: 1) Human Resources (hiring, exams and classification studies, return-to-work, industrial accidents, and performance management); 2) Financial Management (finance, budget preparation, payroll, Medi-Cal billings, cash collection, invoice processing, audit and investigations, and contracts and grants); 3) Materials Management (services and supply

ordering, capital and non-capital equipment and supply inventories, emergency purchase orders, warehousing/storage, equipment and supply deliveries); 4) Facility Management (facility/building/medical equipment pre maintenance, building repairs, service request processing, clinic HVAC system air measurements, ADA compliance, deferred maintenance improvements, building security and security staffing, housekeeping services, engineering and inspections).

OTHER SUPPORT SERVICES:

- Information Systems – Computers, high speed scanners, network printers (black and white and color), fax machines, electronic medical records system, e-mail and internet access service agreements, web sites, electronic protected health information, password protection, and Help Desk support).
- Pharmacy – Filling patient prescriptions, emergency response vaccines and medications, Pharmacy management system, deliveries, staffing and managing health center dispensaries, licensing, and medication counseling and consulting). Approximate drug cost:
 1. \$104,728.15 (med cost, including both stock medications and DOT prescription prepared by pharmacy)
 2. \$23,192.63 (DOT dispensing fee)

TOTAL: \$127,920.78
- Public Health Laboratory and Reference Laboratory Services – Processing, testing, and result provision of patient specimens, supply ordering, training, licensing and accreditation, and emergency processing during special outbreak control efforts).

SPECIAL EQUIPMENT AND SERVICES

- Health Center Equipment and Services – Emergency generator; x-ray machine; digital radiology imaging; security cameras and monitors; emergency video conferencing equipment, clinic televisions as educational tools; DirectTV service agreement for emergencies response and information; incubators; microscopes; medical equipment service agreements; laboratory and courier service contracts; transportation vehicles for patients, staff in an emergency, and outreach clinics; and ADA compliant sputum booth for TB testing.

CODES and REGULATIONS

- Health Center Codes and Regulations – Title 22; Annual Cal/OSHA training; medical licensing of RNs, Doctors, Pharmacist, etc.; medical equipment certification; Medi-Cal and Medicare licensing; Pharmacy licensing; Airborne Transmissible Disease requirements; Annual Health Center negative air flow measurements and testing; and annual Employee Health Assessments.

